

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

July to September 2005



TABLE OF CONTENTS

Glossary	3
Executive Summary	4
Introduction	6
Part I: Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals	7
Part II: Medicaid Appeal Information	28
Customer Service and Community Rights Team Current Developments	37

GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

Customer Service Terminology

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
 - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
 - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
 - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
 - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

Private Health Information

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

EXECUTIVE SUMMARY

- The CSCR Team responded to 901 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- There was a 305 percent increase in the total number of cases during the last 24 months (page 9).
- There has been a corresponding 125 percent increase in the number of staff responses to cases during the last 24 months (page 12).
- The average number of responses from the CSCR Team to address Complaint/Concern, Information/Referral and Investigations is three follow-up activities and the average number of responses per Medicaid Appeal cases is four (page 13).
- The most common sources of Complaints/Concerns, Information/Referrals, and Investigations continue to come from family members and consumers (page 13).
- “Access to services” remained the most prevalent concern with more than ten times the volume as “client rights” and “public assistance benefits” concerns, the next highest categories (page 16).
- Cases involving substance abuse issues were the most prevalent and mental health issues were the next most prevalent type of cases. The third most prevalent type of cases involved persons with a developmental disability. Cases involving persons with a dual diagnosis of mental health and developmental disabilities were the fourth most prevalent and cases involving persons with multiple diagnosis of mental health, developmental disabilities and substance abuse issues were the fifth most prevalent type of cases. Persons with a dual diagnosis of mental health and substance abuse and persons with a diagnosis of traumatic brain injury issues represented less than five percent of the cases (page 19).
- A slightly higher percentage of cases concerned male consumers (47 percent) than female consumers (37 percent). Sixteen percent of the cases were not applicable to a specific consumer (page 20).
- Complaint/Concern and Information/Referral requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was twenty-four cases (page 22).
- Consumers, families and friends referred the majority of the investigations based upon information in complaints, concerns, provider monitoring, etc. (page 26).

- The most prevalent number of investigations (six cases) involved consumers with mental health services. There were four investigations involving consumers with developmental disabilities. There were three investigations for consumers substance abuse issues and two investigations involving persons with a dual diagnosis of mental health and developmental disabilities issues. There was a single investigation (six percent) involving persons with a dual diagnosis of MH/SA and one investigation (six percent) involved consumers with a multiple diagnosis of mental health, developmental disabilities and substance abuse (page 27).
- The CSCR Team received 88 requests to file Medicaid Appeals during this report period. Eleven appeals involving CAP-MR/DD Waiver issues were filed and represented thirteen percent of the appeals total. The CAP-MR/DD appeals from last quarter represented 13 percent of the total appeals (page 28).
- Medicaid Appeals were filed by recipients residing in the catchment areas of 18 AP/LMEs (page 30).
- Forty-four percent of AP/LME local review decisions for Medicaid appeals were overturned in favor of the appellants (page 32).
- Out of 88 Medicaid appeals filed, only two (two percent) were scheduled as a DMH/DD/SAS hearing (page 34).
- Seventy-six of the 88 (86 percent) Medicaid hearing requests were withdrawn after a request for DMH/DD/SAS hearing (page 34).
- One (one percent) of the two DMH/DD/SAS scheduled Medicaid hearings involved CAP-MR/DD services (page 35).
- The Office of the Attorney General reports 12 Medicaid appeals were under review by the Office of Administrative Hearings (OAH) during the report period. Five Cases were pending, 4 were new cases, and 3 cases were closed (page 36).

INTRODUCTION

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the first quarter of the 2005/2006 fiscal year which includes the months of July, August and September 2005.

The Customer Service and Community Rights Team

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E) and
- To monitor the community customer service system.

There are two main parts to this report: Part I of the report will look at Complaint/Concern data, Information/Referral data, and Investigations. Part II will review Medicaid Appeal information.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes in system reform to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.¹

¹ Please contact Glenda Stokes (glenda.stokes@ncmail.net) or Stuart Berde (stuart.berde@ncmail.net) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

PART I: COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS

Part I describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team. Part I is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaint/Concern and Information/Referral cases and Section D provides information about Investigations.

Section A - Volume of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals)

Table 1 – Total Cases Addressed Between July and September 2005

Case Type	Number of Cases	% of Total
Information/Referrals	641	71%
Complaints/Concerns	156	17%
Medicaid Appeals	88	10%
Investigations	16	2%
Total	901	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from July to September 2005. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 641 (71 percent) Information/Referral cases and 156 (17 percent) Complaint/Concern cases. Team members also addressed 88 Medicaid Appeal requests (ten percent) and 16 Investigations (two percent) between July and September 2005.

Table 2 - Historical Case Comparisons Between April and June 2005 and July and September 2005

Case Type	April to June 2005 Cases	July to September 2005
Information/Referrals	461	641
Complaints/Concerns	138	156
Medicaid Appeals	115	88
Investigations	26	16
Total	740	901

Figure 1 - Historical Case Comparisons Between April and June 2005 and July and September 2005

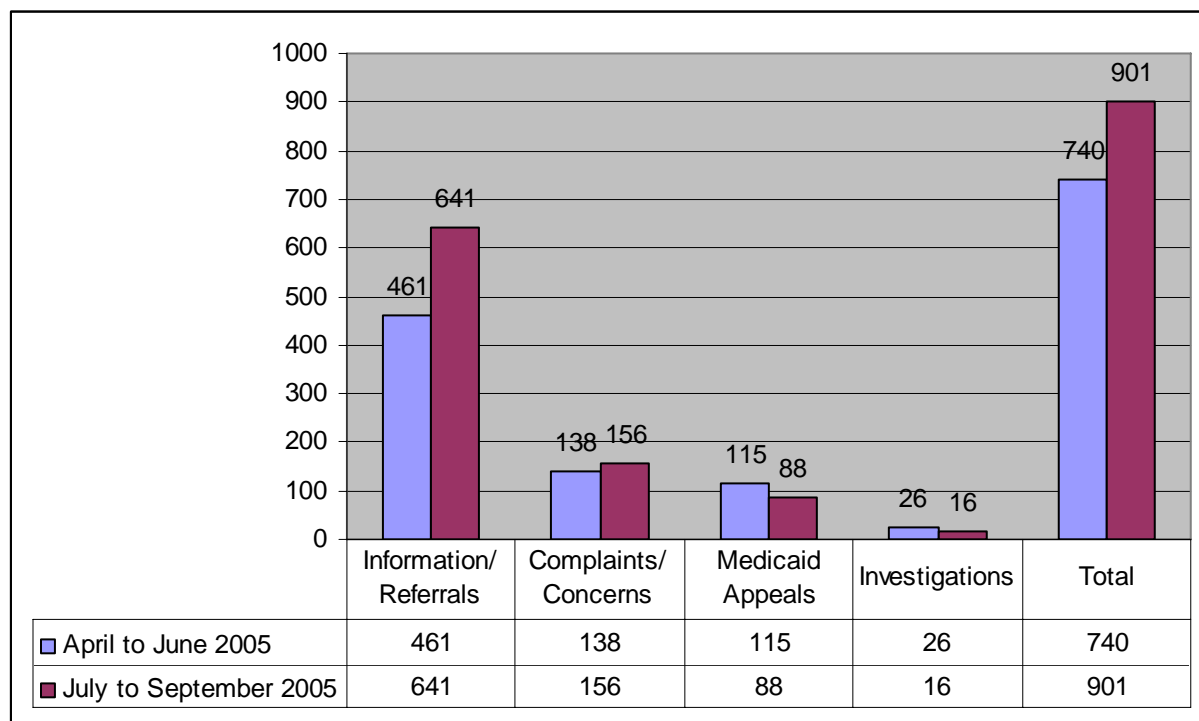


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between April and June 2005 and July and September 2005. During the six month period of April to September 2005, 740 cases were addressed from April to June and 901 cases were addressed from July to September 2005. The number of Information/Referrals increased from 461 cases from April to June 2005 to 641 cases from July to September 2005 and the number of Medicaid Appeals decreased from 115 from April to June 2005 to 88 from July to September 2005. The number of Investigations decreased from 26 from April to June 2005 to 16 from July to September 2005 and the number of Complaints/Concerns increased from 138 from April to June 2005 to 156 from July to September 2005.

Table 3 - Customer Service And Community Rights Average Monthly New Cases

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	78 per month
April to June 2004	87 per month
July to September 2004	122 per month
October to December 2004	152 per month
January to March 2005	200 per month
April to June 2005	246 per month
July to September 2005	300 per month

Figure 2 - Customer Service And Community Rights Average Monthly New Cases

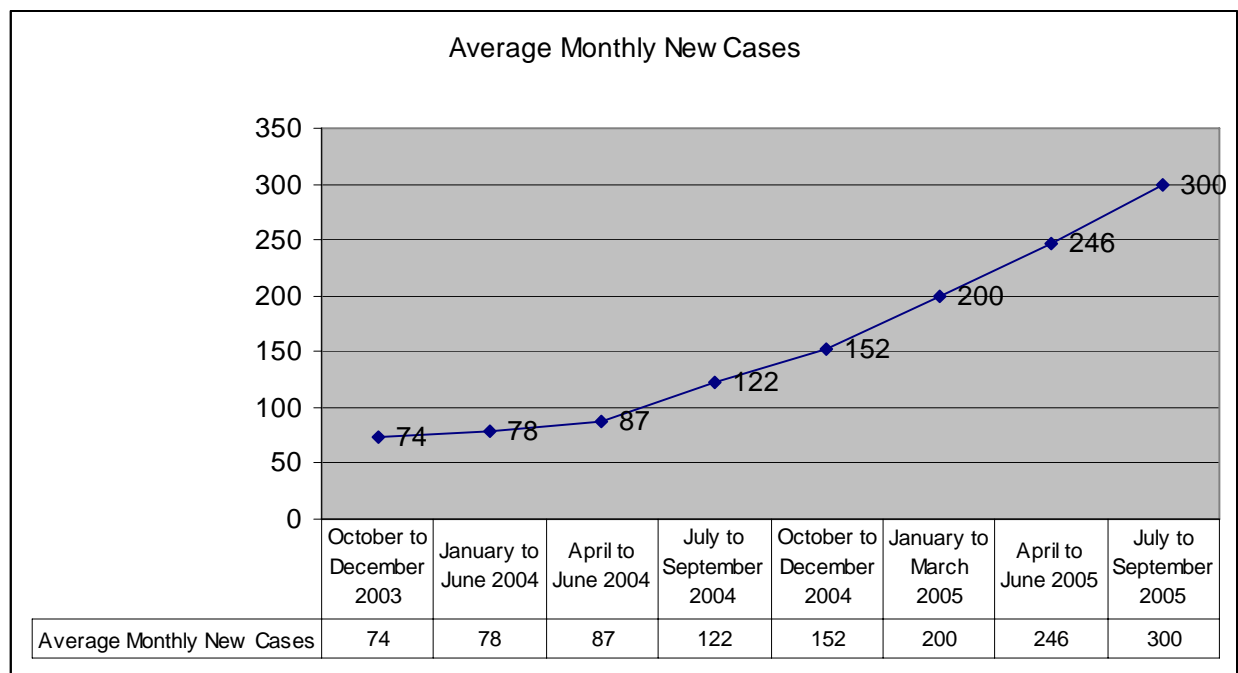
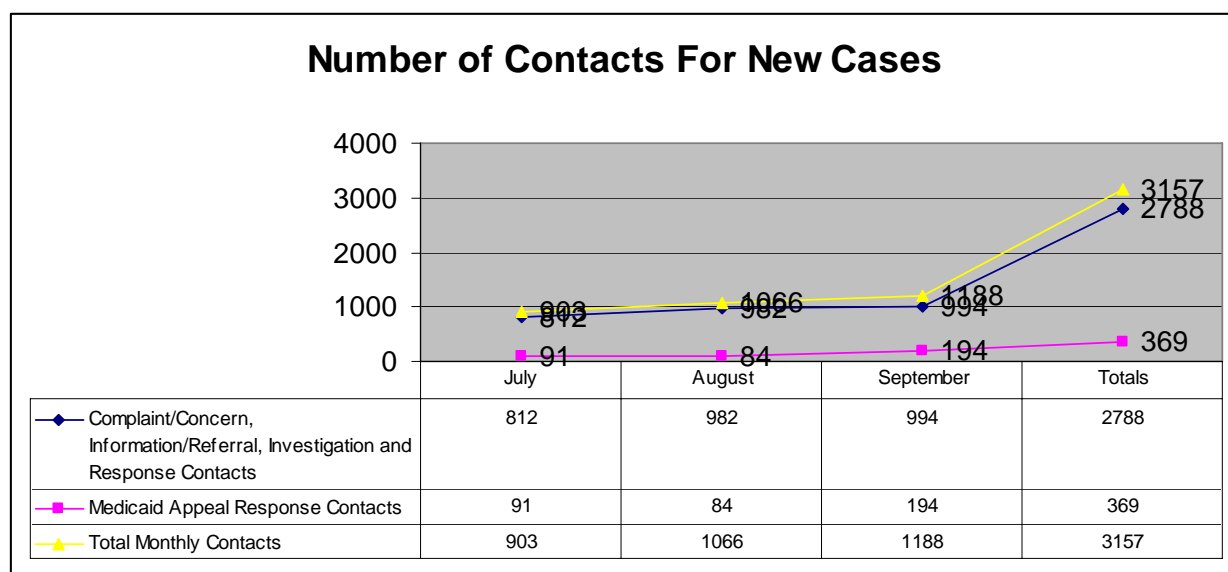


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the 24 months. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to March 2004 the average was 78 per month. From April to June 2004, the average monthly number of new cases was 87 per month and from July to September 2004, there was an average of 122 new cases per month. There was an average of 152 new cases from October to December 2004 and from January to March 2005, there was an average of 200 new cases. From April to June 2005, there was an average of 246 new cases per month and from July to September 2005, there was an average of 300 new cases per month. **As a result, there is a 305 percent increase in the average monthly case load over the last 24 months.**

Table 4 - Number of Contacts in Response to Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals

Types of Cases	July	August	September	Totals by Type
Complaint/Concern, Information/Referral, Investigation and Response Contacts	812	982	994	2788
Medicaid Appeal Response Contacts	91	84	194	369
Monthly Totals	903	1066	1188	3157

Figure 3 - Number of Contacts in Response to Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals



Response by CSCR Team: Table 4 and Figure 3 list the staff responses or contacts to the Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals from July to September 2005. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or to identify a contact person for the individual. A total of 3157 identified responses were made by staff regarding 901 cases from July to September 2005.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a case manager.² After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

² AP/LMEs designate a Customer Service staff person to assist complainants at the local level. Names of these individuals can be found in the North Carolina Council of Community Programs Directory. A copy of the North Carolina Council of Community Programs Directory is available by calling (919) 327-1500.

Table 5 – Historical Case Response Comparisons Between January and March 2005 and July and September 2005.

Case Type	April to June 2005	July to September 2005
Complaint/Concerns, Investigations, Information/Referrals	2782	2788
Medicaid Appeals	355	369
Totals	3137	3157

Figure 4 – Historical Case Response Comparisons Between April and June and July and September 2005

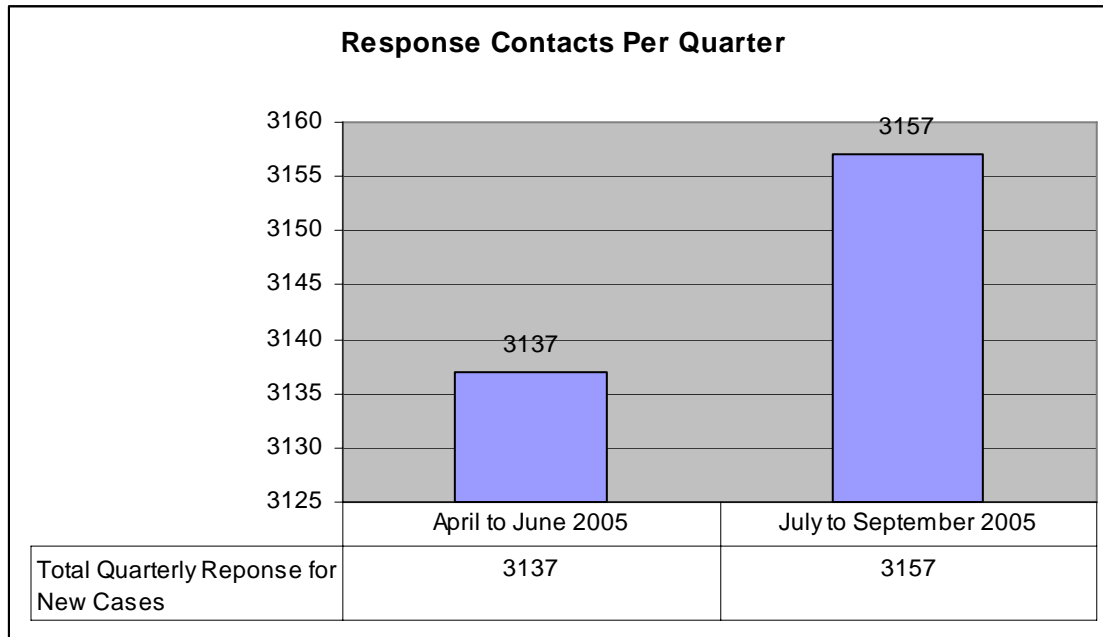
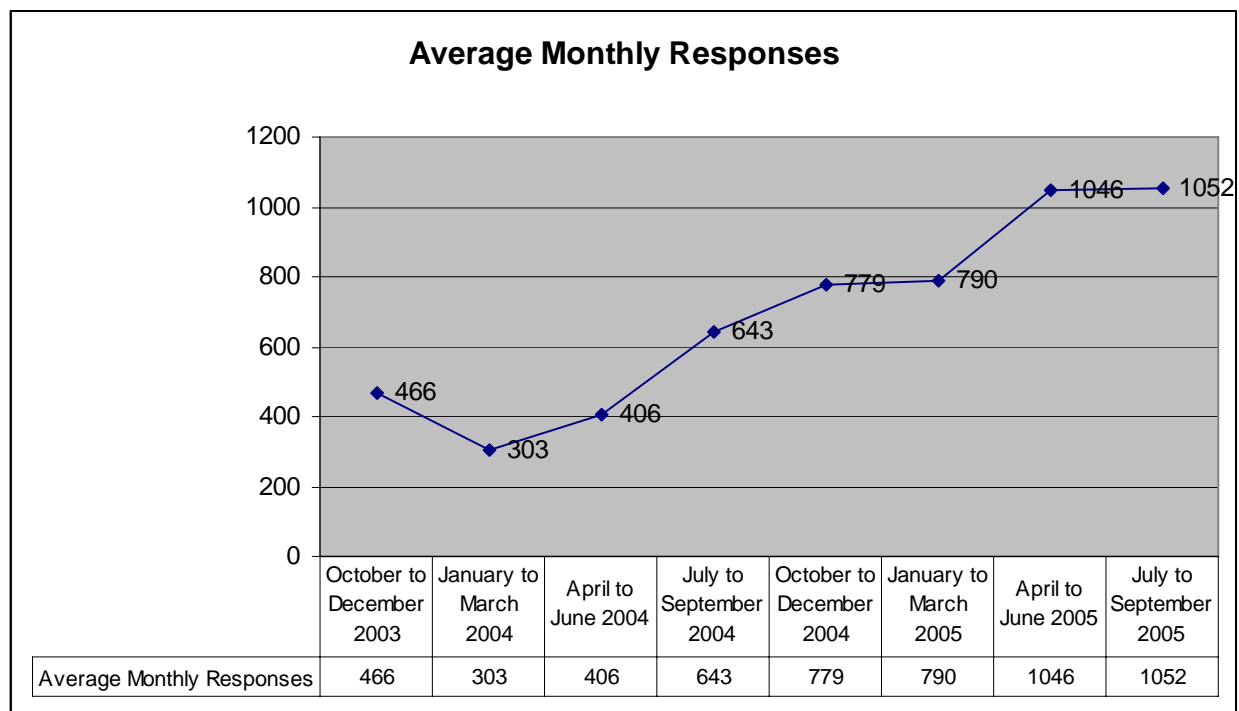


Table 5 and Figure 4 indicate that the number of staff responses to new cases from July to September 2005 was greater than from April to June 2005. From April to June 2005, there were 3137 responses for 740 new cases and from July to September 2005, there were 3157 responses to 901 new cases.

Table 6 - Responses to New Cases: Historical Summary

Time Period	Average Monthly Number of Responses for New Cases
October to December 2003	466 per month
January to March 2004	303 per month
April to June 2004	406 per month
July to September 2004	643 per month
October to December 2004	779 per month
January to March 2005	790 per month
April to June 2005	1046 per month
July to September 2005	1052 per month

Figure 5 - Responses to New Cases: Historical Summary



The number of staff responses to informally resolve new cases has increased considerably in 24 months. The average monthly number of responses from October to December 2003 was 466 per month and 303 per month from January to March 2004. There was an average of 406 per month from April to June 2004 and the average monthly number of responses to new cases from July to September 2004 was 643. From October to December 2004, there was an average of 779 responses to new cases and from January to March 2005, the average number of responses was 790 per month. The average monthly response to new cases from April to June 2005 was 1046 and the average monthly response to new cases from July to September 2005 was 1052 per month. **As a result, there is a 125 percent increase in the average monthly responses over the last 24 months.**

Table 7 - Average Total of Monthly Responses Per Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals for July to September 2005

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concerns, Information/Referral, Investigations and Responses	2788	812	3
Medicaid Appeal Responses	369	88	4
Total	3157	901	4

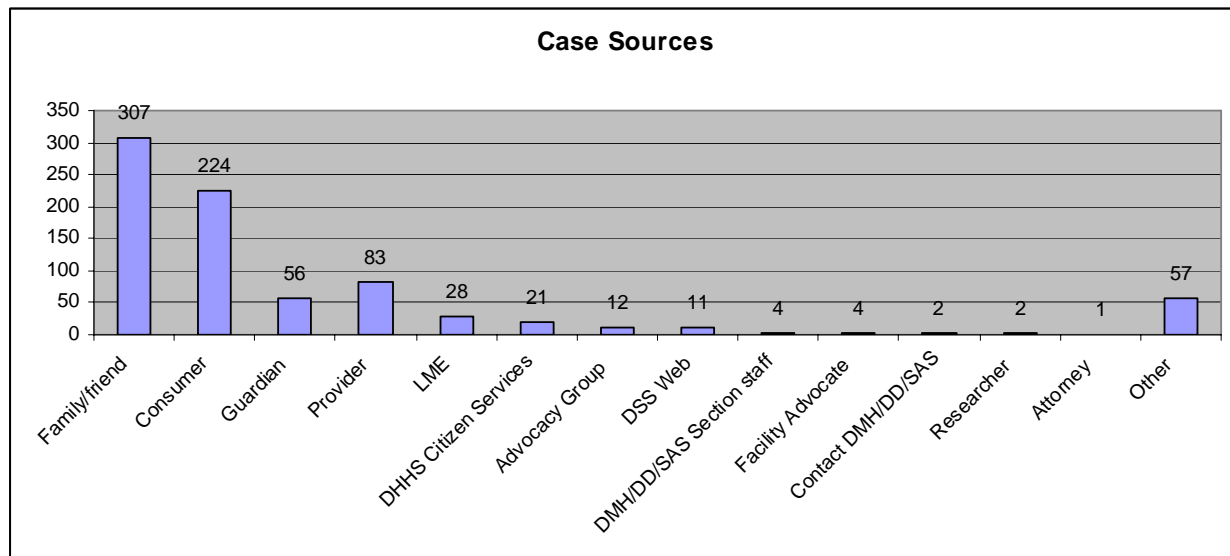
Since several responses were required for each of the 901 cases of Complaints/Concerns, Information/ Referrals, Investigations and Medicaid Appeals, there were 3142 identified responses for these cases. There were 369 total identified responses for the 88 Medicaid Appeal cases. The average monthly number of responses per each Medicaid Appeal was four and the average monthly number of responses for each of the other types of cases was three.

Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations

Table 8 - Case Sources From July to September 2005

Source Type	Number of Cases	% Of Total
Family/friend	307	39%
Consumer	224	29%
Guardian	56	7%
Provider	83	10%
LME	28	3%
DHHS Citizen Services	21	3%
Advocacy Group	12	1%
DSS Web	11	1%
DMH/DD/SAS Section staff	4	2%
Facility Advocate	4	Less than 1%
Contact DMH/DD/SAS	2	Less than 1%
Researcher	2	Less than 1%
Attorney	1	Less than 1%
Other	57	7%
Total	812	100%

Figure 6 - Case Sources From July to September 2005



Case Sources: The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 14 different sources which are listed in Table 8 and Figure 6. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who, in turn, forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 587 (73 percent) of the 812 Complaint/Concern, Information/Referral or Investigation cases. Consumers initiated 224 (29 percent), family/friends initiated 307 (35 percent) and guardians initiated 57 (ten percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 83 cases (ten percent) while both LME staff (28) and the North Carolina DHHS Office of Citizen Services (21) initiated three percent of the cases. Twelve case sources (one percent) were from advocacy groups and eleven cases were submitted from the DSS website (one percent). The following sources initiated less than one percent of the cases submitted: DMH/DD/SAS staff (4), facility advocates (4), contact DMH e-mails (2), researchers (2) and attorney (1). Fifty-seven cases are in the “other” category and were seven percent of the total cases.

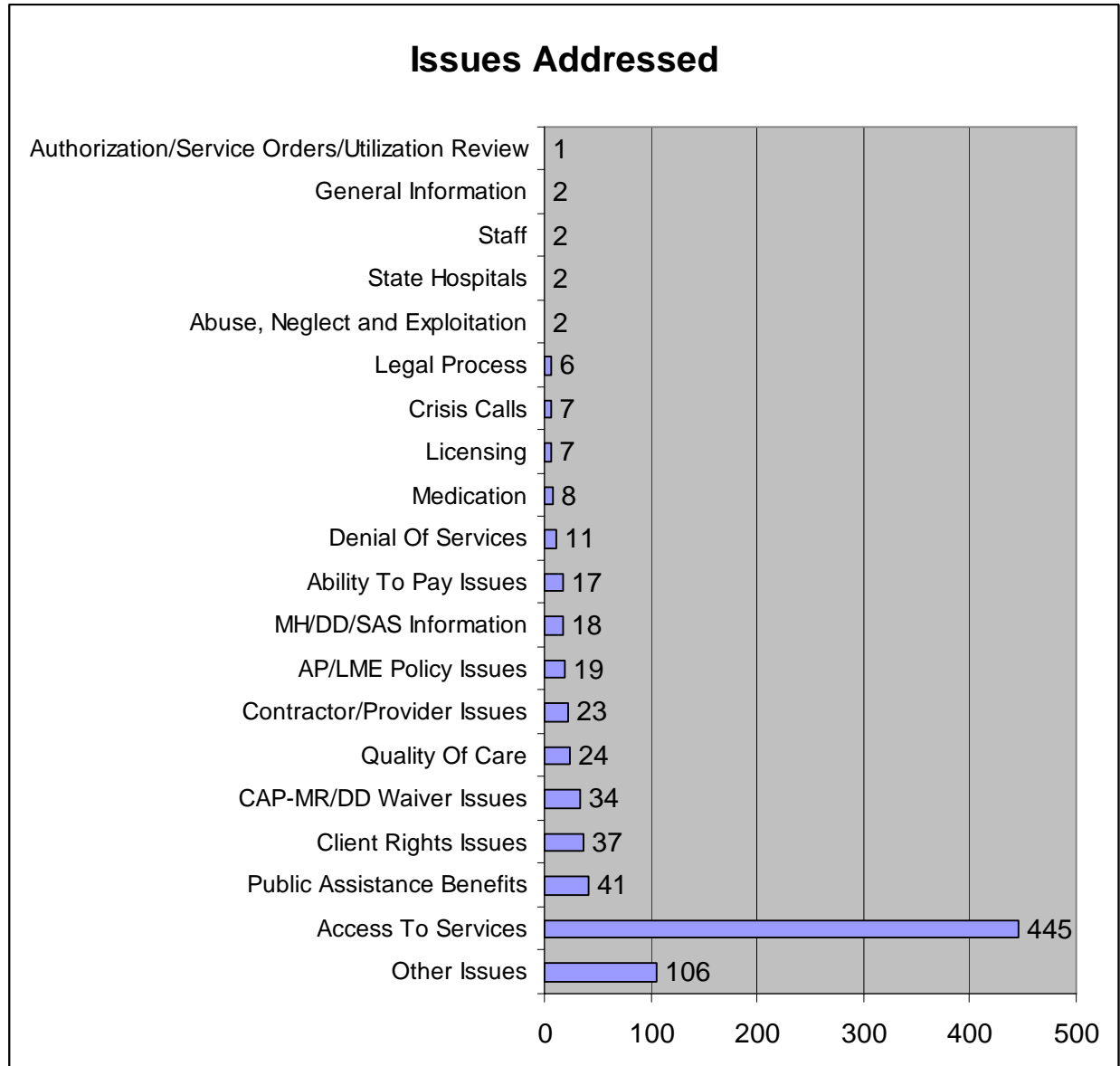
Table 9 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases

Issue	Definition/Comment
Abuse, Neglect and Exploitation	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies.</i>
Ability to Pay	<i>Concerns over a consumer's financial obligation</i>
Access to Services	<i>Requests for services</i>
Advocacy and Support	<i>Information provided regarding advocacy groups or websites</i>
AP/ LME Policy	<i>Disputes over AP/LME administrative or service policy</i>
Authorization/Service Orders/Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Public Assistance Benefits	<i>Disability benefits questions (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Call	<i>Calls that indicate an urgent crisis</i>
Denial of Services	<i>Concerns over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
MH/DD/SAS information	<i>Information requested regarding any rules, statues, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform processes, service definitions, statistics or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided.</i>
Licensing	<i>Information regarding licensing or certification for MH/DD/SA services.</i>
Medicaid Audit/ Compliance	<i>Information regarding Medicaid audits, documentation and compliance issues.</i>
CAP-MR/DD Wavier	<i>Questions/issues/information regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Contractor/Provider	<i>Issues related to provider performance or policy.</i>
Relocation	<i>Requests by families or other MH/DD/SAS professionals for assistance with services as they are planning for relocation to or within North Carolina.</i>
Client Rights issues	<i>Alleged violations of rights in law or administrative rule.</i>
Quality of Care	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service.</i>
Staff	<i>Issues regarding personnel issues are directed to appropriate Area Program/LME, Provider or State facility staff.</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues.</i>
Other	<i>When current categories are not inclusive of the presenting issue.</i>

Table 10 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals From July to September 2005

Issue	Total	% of Total
Access To Services	445	55%
Public Assistance Benefits	41	5%
Client Rights Issues	37	5%
CAP-MR/DD Waiver Issues	34	4%
Quality Of Care	24	3%
Contractor/Provider Issues	23	3%
AP/LME Policy Issues	19	2%
MH/DD/SAS Information	18	2%
Ability To Pay Issues	17	2%
Denial Of Services	11	1%
Medication	8	1%
Licensing	7	1%
Crisis Calls	7	1%
Legal Process	6	1%
Abuse, Neglect and Exploitation	2	Less than 1%
State Hospitals	2	Less than 1%
Staff	2	Less than 1%
General Information	2	Less than 1%
Authorization/Service Orders/Utilization Review	1	Less than 1%
Other Issues	106	13%
Grand Totals	812	100%

Figure 7 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Information/Referrals, Investigations and From July to September 2005



Issues Addressed: Table 9 describes the issue categories most commonly addressed. The Complaint/Concern, Information/Referral and Investigation cases encompass a wide variety of issues. Table 10 and Figure 7 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (445 or 55 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer service coordinator. After a referral, the local customer service coordinator will provide case updates and resolution information to the CSCR team.

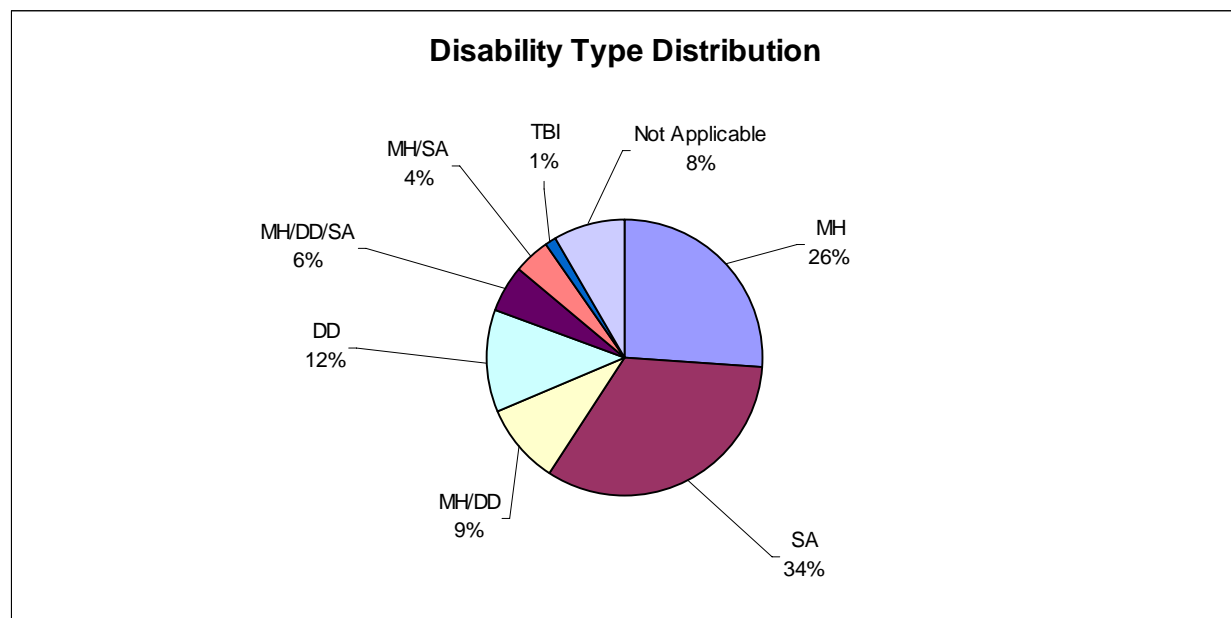
The next most prevalent category of cases was requests for information about public assistance benefits which had 41 cases (five percent). Five percent (37) of the cases were client rights issues and four percent (34) were CAP-MR/DD issues. Both quality of care issues (24) and contractor/provider issues (23) were three percent of the cases. Two percent (19) of the cases were from AP/LME Policy Issues and two percent (18) were information regarding mh/dd/sas.. One percent each of the cases represented denial of services (11), medication (8), licensing (7), crisis calls (7) and legal processes. Each of the following issues had less than one percent of the cases: abuse, neglect and exploitation (2), state hospitals (2), staff (2), general information (2) and authorizations (1).

One hundred and six cases are in the “other” category and represent 13 percent of the total cases. Examples include requests for information on housing, employment and mediation training.

Table 11 - Disability Group Distribution of Cases from July to September 2005

Disability	Total	% of Total
SA	270	34%
MH	211	26%
DD	96	12%
MH/DD	76	9%
MH/DD/SA	46	6%
MH/SA	35	4%
TBI	10	1%
Not Applicable	68	8%
Total	812	100%

Figure 8 - Disability Group Distribution of Cases from July to September 2005



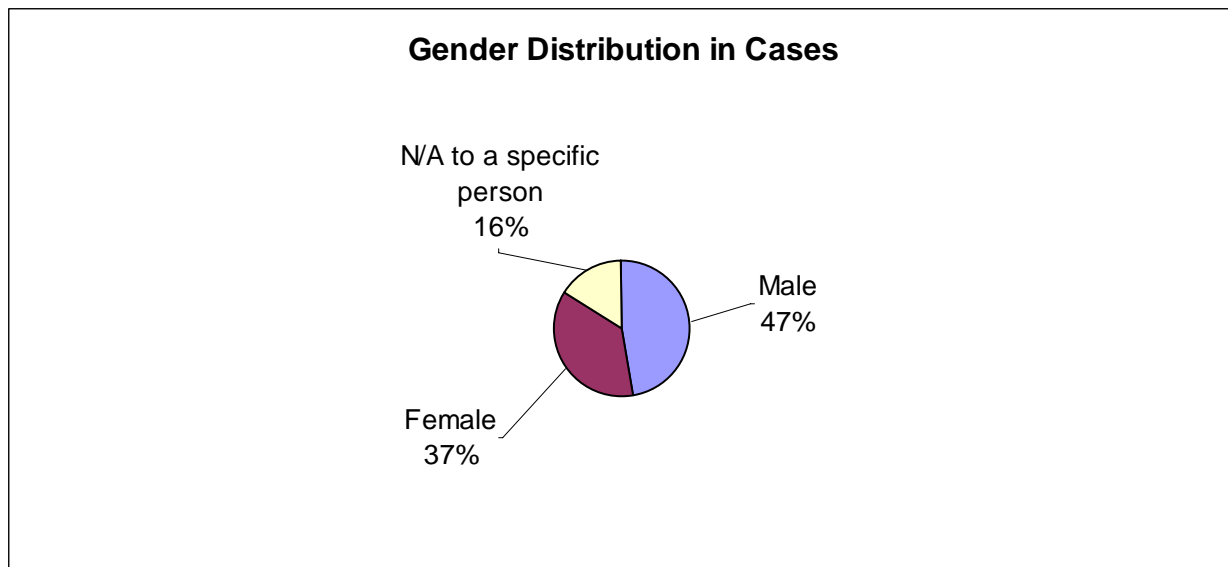
Disability Type Representation: Table 11 and Figure 8 show disability groups that were represented in the 812 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Consumers of substance abuse services cases represented 270 (34 percent) of the total. The next most prevalent disability group was consumers with mental health concerns with 211 (26 percent) of the cases. Ninety-six cases (12 percent) were related to developmental disabilities and 76 (nine percent) were cases with a dual diagnosis of MH/DD. Forty-six cases (six percent) were related to multiple MH/DD/SAS issues and 35 (four percent) were related to dual diagnosis of MH/SA issues. Sixty-eight (eight percent) were not applicable to any particular disability group and ten cases (one percent) were related to Traumatic Brain Injury (TBI).

Table 12 - Gender Distribution of Issues from July to September 2005

Gender	Number	% of Totals
Male	382	47%
Female	297	37%
N/A to a specific person	133	16%
Total	812	100%

Figure 9 - Gender Distribution of Issues from July to September 2005



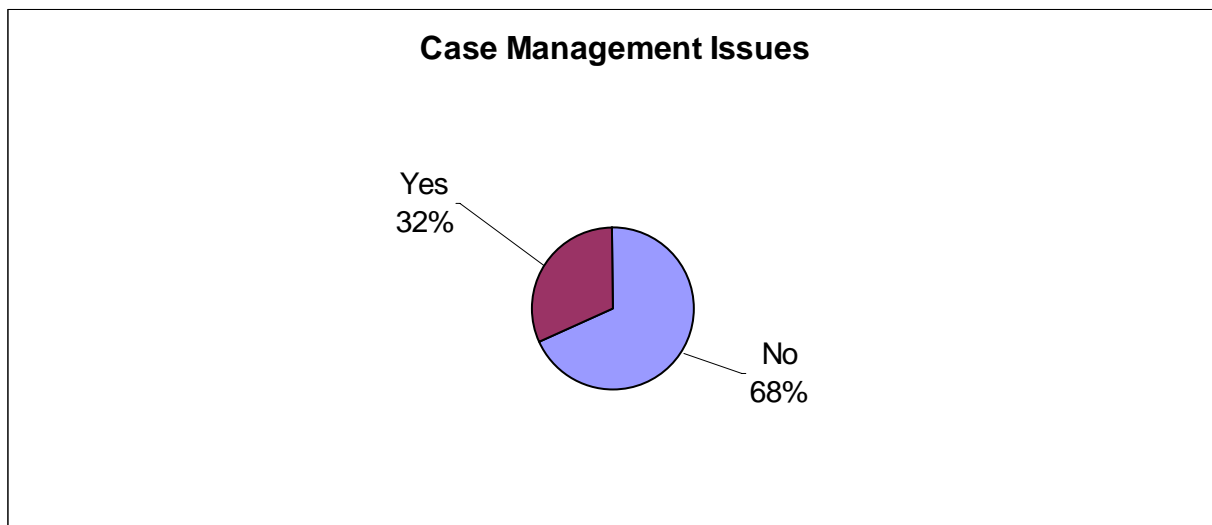
Gender Distribution: Table 12 and Figure 9 indicate the gender distribution for the 812 total cases from July to September 2005. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definitions, legal processes, rules or advocacy groups.

Three hundred and eighty-two (47 percent) were males and 297 (37 percent) were females. One hundred and thirty-three cases (16 percent) were not applicable to a specific individual.

Table 13 - Case Management Distribution of Cases From July to September 2005

Case Management Issue	Number	% of Total
No	553	68%
Yes	259	32%
Total	812	100%

Figure 10 - Case Management Distribution of Cases From July to September 2005



Case Management Issue Distribution: During this report period, CSCR staff assessed and tracked each case to determine whether or not case management was a critical element in the case. Table 10 and Figure 8 indicate the percentage of the 812 cases in which case management was a factor. Five hundred and fifty-three cases (68 percent) did not have nor need case management involvement, but 259 cases (32 percent) had or did need case management involvement.

Section C - Location of the Complaint/Concern and Information/Referral cases

Table 14 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs

AP/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	0	14	14	2%
Albemarle	3	2	5	1%
Catawba	0	7	7	1%
CenterPoint	8	22	30	4%
Crossroads	4	12	16	2%
Cumberland	5	17	22	3%
Durham	5	27	32	4%
Eastpointe	2	17	19	2%
Edgecombe-Nash/Wilson-Greene	3	6	9	1%
Five County	4	10	14	2%
Foothills	4	1	5	1%
Guilford	6	26	32	4%
Johnston	0	16	16	2%
Mecklenburg	7	37	44	6%
Neuse	2	3	5	1%
New River	3	9	12	2%
Onslow	6	14	20	3%
Orange-Person-Chatham	3	8	11	1%
Out of State	0	27	27	3%
Pathways	14	16	30	4%
Piedmont	5	22	27	3%
Pitt	3	5	8	1%
Roanoke-Chowan	1	7	8	1%
Rockingham	1	6	7	1%
Sandhills	10	19	29	4%
Smoky Mountain	1	7	8	1%
Southeastern Center	6	19	25	3%
Southeastern Regional	6	12	18	2%
Tideland	1	8	9	1%
Wake	16	68	84	11%
Western Highlands	8	27	35	4%
Anonymous	8	64	72	9%
N/A	11	85	96	12%
Grand Total	156	641	797	100%
Total Minus Unspecified (N/A and Anonymous)	137	492	629	79%
Mean (Average)	4.72	19.42	24.15	3%
Median (Middle Score)	4	14	18	2%
Mode (Most Common)	3	7,27	5,8	1%

The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified.” An important caveat: the data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.

A total of 156 Complaint/Concern and 641 Information/Referral cases were addressed between July and September 2005. Investigations were not included in this table and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 4.72 and the mean number of Information/Referral contacts per AP/LME is 19.42. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

Section D - Investigations

DMH/DD/SAS receives complaints/allegations regarding a variety of issues such as allegations of client rights, funding, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint or multiple allegations. Therefore, the lead investigator from the CSCR Team and the lead investigator from the Accountability Team collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. For state level investigations, CSCR or Accountability will assume the lead. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as needed. An investigation remains pending until final reports are completed by the responsible parties.

Investigations involve detailed research, collecting and reviewing data/evidence, assessing information and writing reports. All DMH/DD/SAS investigations are logged into the CSCR database along with the total contact responses per case. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, the status of investigations is reported.

Table 15– Total Active Investigations from July to September 2005

Status	Total	% of Total
New Cases Referred from July to September 2005	16	39%
Active Cases Referred Before July 2005	25	61%
Total	41	100%

Figure 11- Total Active Investigations from July to September 2005

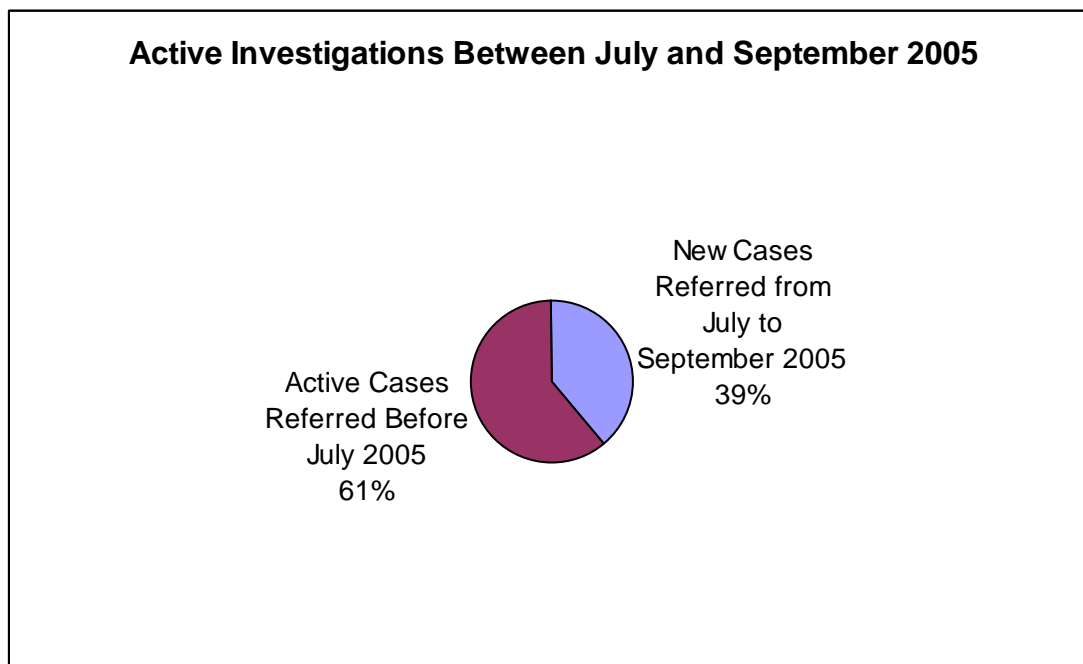


Table 15 and Figure 11 show the total number of active investigations (41) from July to September 2005. In this quarter, 25 investigations (61 percent) were initiated before July 2005. Sixteen investigations (39 percent) were initiated from July to September 2005.

Table 16 - Investigation Status of Cases Active Between July and September 2005

Status	Total	% of Total
Pending	26	63%
Complete	15	37%
Total	41	100%

Figure 12 - Investigation Status of Cases Active Between July and September 2005

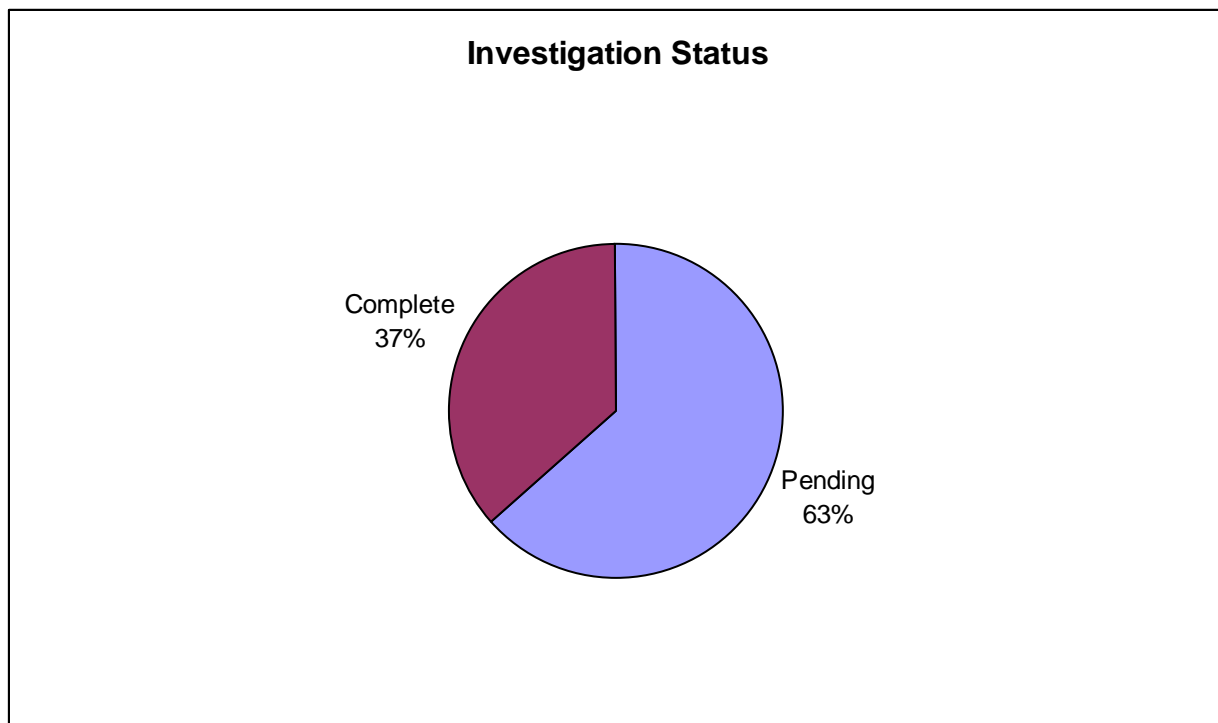


Table 16 and Figure 12 show the status of the investigations that were active during the April to June 2005 quarter. Of the 41 investigations, 15 investigations were closed during this period and 26 investigations are still pending. Many of the investigations remain open in order to allow time for a thorough investigation.

Table 17 - Referral Sources for Investigations Initiated From July to September 2005

Case Referral Source	Total	% of Total
Client	5	28%
Family/Friend	4	24%
Local MH/DD/SAS Staff	3	18%
Guardian	2	12%
Provider Staff	1	6%
DMH/DD/SAS staff	1	6%
Facility Advocate	1	6%
Total	17	100%

Figure 13- Referral Sources for Investigations Initiated From July to September 2005

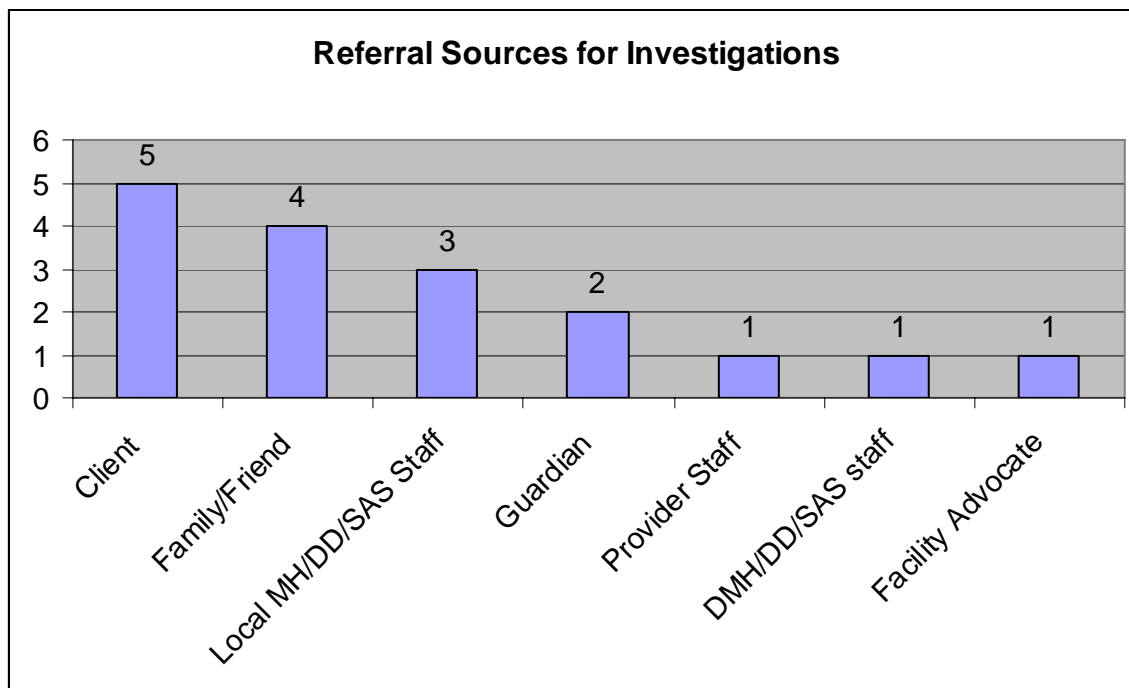
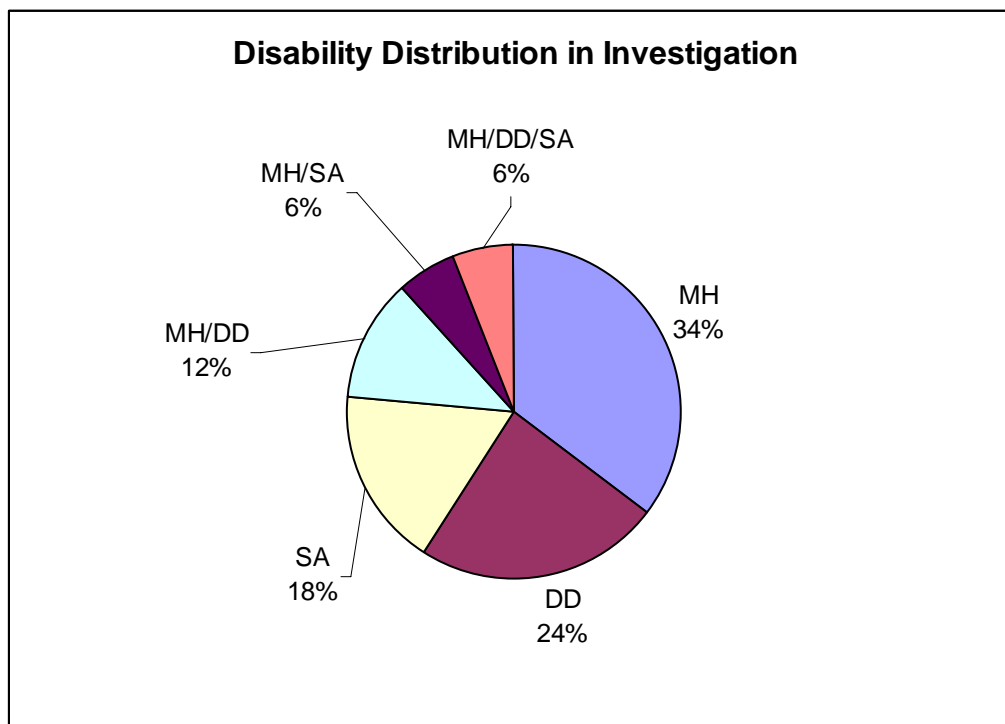


Table 17 and Figure 13 show the referral sources for the 17 investigations initiated between July and September 2005. Consumers referred the majority of investigations with five (28 percent) of the cases. Families and friends referred four (24 percent) of the cases and local AP/LME initiated three (18 percent) of the cases. A guardian, provider staff, DMH/DD/SAS staff and facility advocate each referred a case (six percent each) for investigation .

Table 18 - Disability Distribution of Investigations Initiated From July to September 2005

Disability	Total	% of Total
MH	6	34%
DD	4	24%
SA	3	18%
MH/DD	2	12%
MH/SA	1	6%
MH/DD/SA	1	6%
Total	17	100%

Figure 14 - Disability Distribution of Investigations Initiated From July to September 2005



Disability Type Representation: Table 18 and Figure 14 show disability groups that were represented in the 17 investigations. Consumers with mental health services represented six (34 percent) of the total and four cases (24 percent) involved consumers of developmental disability services. Three investigations (18 percent) involved substance abuse services and two investigations (12 percent) involved persons with a dual diagnosis of MH/DD. There was a single investigation (six percent) involving persons with a dual diagnosis of MH/SA and one investigation (six percent) involved consumers with a multiple diagnosis of mental health, developmental disabilities and substance abuse.

PART II: MEDICAID APPEAL INFORMATION FOR JULY TO SEPTEMBER 2005

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local AP/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local AP/LME level, 2) request a direct DMH/DD/SAS hearing or 3) appeal directly to OAH. The vast majority of appellants choose to participate in local reviews convened at the AP/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff work closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 369 identified responses were made for the 88 appeals and the average monthly number of responses per appeal case was four.

Table 19 - Total Appeals Received by DMH/DD/SAS From July to September 2005

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	77	87%
CAP-MR/DD	11	13%
Total	88	100%

Figure 15- Total Appeals Received by DMH/DD/SAS From July to September 2005

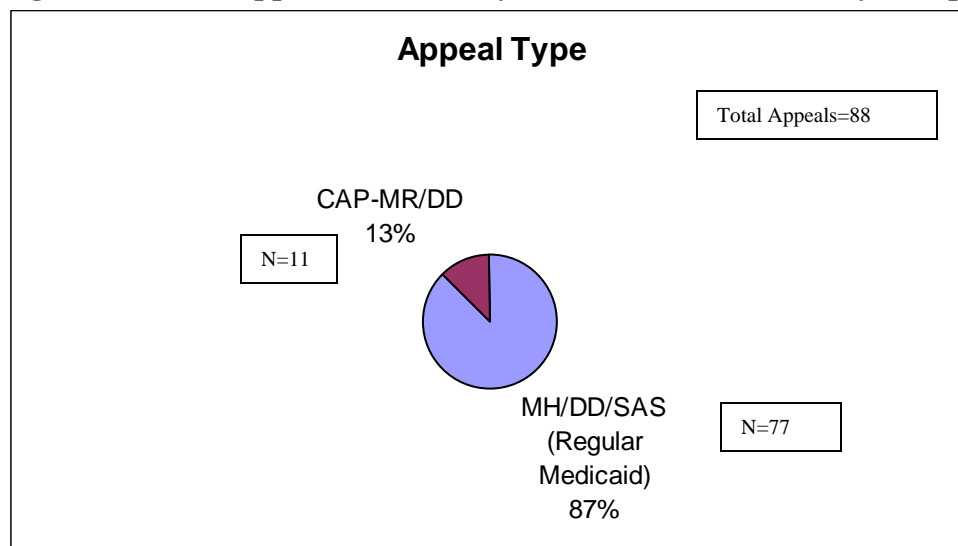
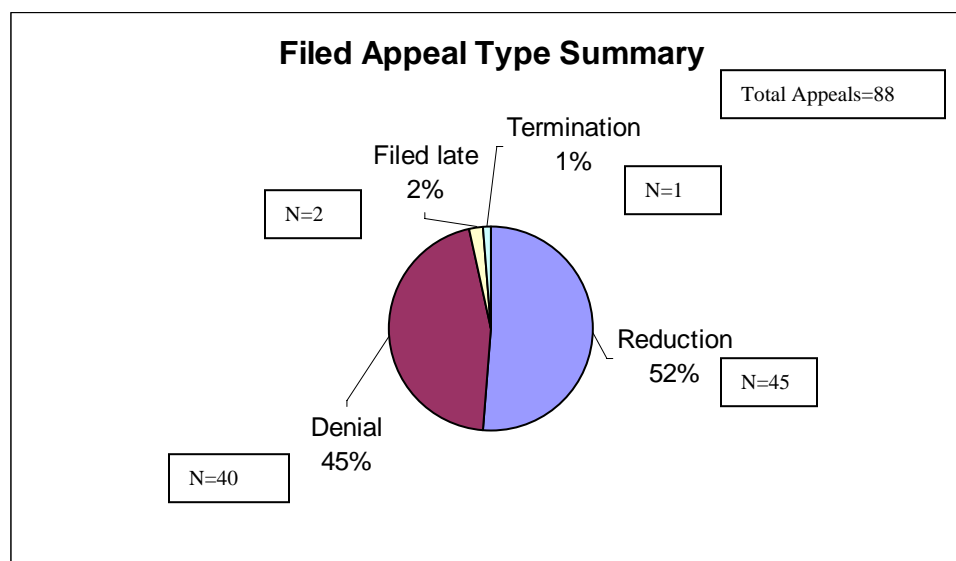


Table 19 and Figure 15 show the total number of appeals that the CSCR Team addressed from July to September 2005. The table refers to both recipients on the CAP-MR/DD waiver and regular MH/DD/SAS recipients who receive Medicaid services but are not on the waiver. The CSCR team members addressed 88 Medicaid Appeal requests during this period. Appeals are filed to the Customer Service and Community Rights Team in order to provide consumers with direct information about the appeal process. Appeals involving regular Medicaid recipients of MH/DD/SA services account for 77 out of 88 (87 percent) of the appeal cases during the three months, while CAP-MR/DD Waiver recipients account for eleven out of 88 (13 percent).

Table 20 – Types of All Medicaid Appeals Filed

Appeal Type	Total	% of Total
Reduction	45	52%
Denial	40	45%
Filed late	2	2%
Termination	1	1%
Total	88	100%

Figure 16 - Types of All Medicaid Appeals Filed



Types of Medicaid Appeals: AP/LME’s Utilization Review Teams make authorization decisions about Medicaid services based on medical necessity and are required to send Medicaid recipients written notification of their right to appeal any of the following decisions: *reduction of service*, *suspension of service*, *termination of service* and *denial of requests for a different service or an increased volume of a current service* (42 CFR 431. Sub-Part E).

Table 20 and Figure 16 demonstrate the types of Medicaid Appeals that were filed during this reporting period. The data shows that the majority of the appeals (52 percent) are for *reduction of service* (such as the reduction from Level III residential to Level II). *Denial of requested service* (such as denial of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service) accounted for the second highest appeal type in this period representing 45 percent of the appeals. Appeals filed beyond the 11 calendar day time limit, *filed late*, accounted for two percent of the appeals filed. *Termination of service* (such as a decision to end individual outpatient therapy) accounted for one percent of the appeals filed in this period.

Table 21 - AP/LME Distribution of Medicaid Appeals From July to September 2005

AP/LME	Total	%of Total
Pathways	45	51%
Southeastern Regional	11	13%
Guilford	9	10%
Sandhills	4	5%
Western Highlands	3	3%
Mecklenburg	2	2%
Wake	2	2%
Cumberland	2	2%
Eastpointe	1	1%
New River	1	1%
Foothills	1	1%
Edgecombe-Nash/Wilson-Greene	1	1%
Centerpoint	1	1%
Southeastern Center	1	1%
Durham	1	1%
Onslow	1	1%
Crossroads	1	1%
Pitt	1	1%
Total	88	100%
AP/LME	Total	% of Total

AP/LME: Table 21 shows the APs/ LMEs associated with the 88 Medicaid Appeals. Medicaid appeal requests were received from recipients residing in 18 different catchment areas. The table reflects mergers in process during the report period. **In no way should a high AP/LME appeal percentage be attributed to more severe clinical decisions by the AP/LME. In fact, a high appeal volume likely indicates that the LME is providing recipients with a thorough education of the due process system.** Appeals from Pathways accounted for 45 appeals (51 percent) and appeals from Southeastern Regional accounted for 11 appeals (13 percent). Nine appeals (ten percent) were submitted from Guilford, four appeals (five percent) were submitted from Sandhills and three appeals (three percent) were submitted from Western Highlands. Cumberland, Mecklenburg and Wake submitted two appeals each (two percent). A single appeal (one percent) was submitted from each of the following LMEs: Centerpoint, Crossroads, Durham, Eastpointe, Edgecombe-Nash/Wilson-Greene, Foothills, New River, Onslow, Pitt and Southeastern Center.

Table 22 - Sources of Medicaid Appeals from July to September 2005

Filed By	Total	% of Total
Family/Guardian	71	81%
Self	15	17%
DSS	2	2%
Total	88	100%

Figure17- Sources of Medicaid Appeals from April to June 2005

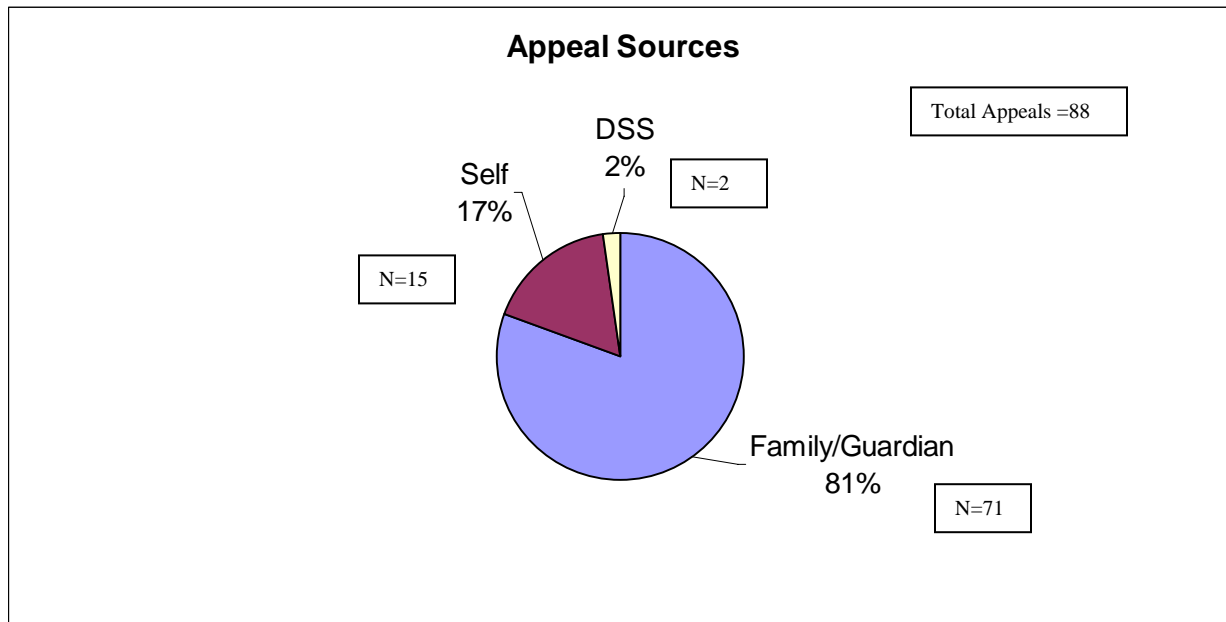
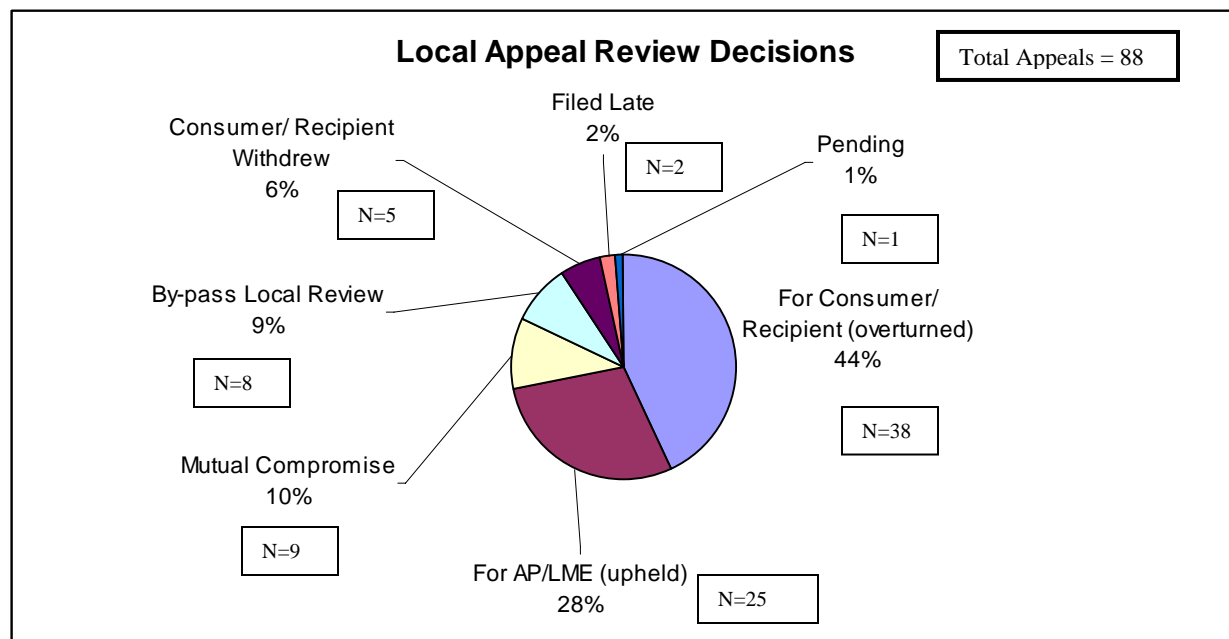


Table 22 and Figure 17 show the specific sources of Medicaid appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file a Medicaid Appeal according to Federal law (42 CFR 431. Sub-Part E). Note that 71 out of 88 appeals (81 percent) are initiated by a Guardian other than the Division of Social Services. Fifteen appeals (17 percent) were filed directly by the consumer. The Division of Social Services, as the consumer's guardian, filed two appeals (two percent).

Table 23 - All AP/LME Local Review Decisions (July to September 2005)

AP/LME Local Review Decisions	Total	% of Total
For Consumer/Recipient (overturned)	38	44%
For AP/LME (upheld)	25	28%
Mutual Compromise	9	10%
By-pass Local Review	8	9%
Consumer/Recipient Withdrew	5	6%
Filed Late	2	2%
Pending	1	1%
Total	88	100%

Figure 18 - All AP/LME Local Review Decisions (July to September 2005)

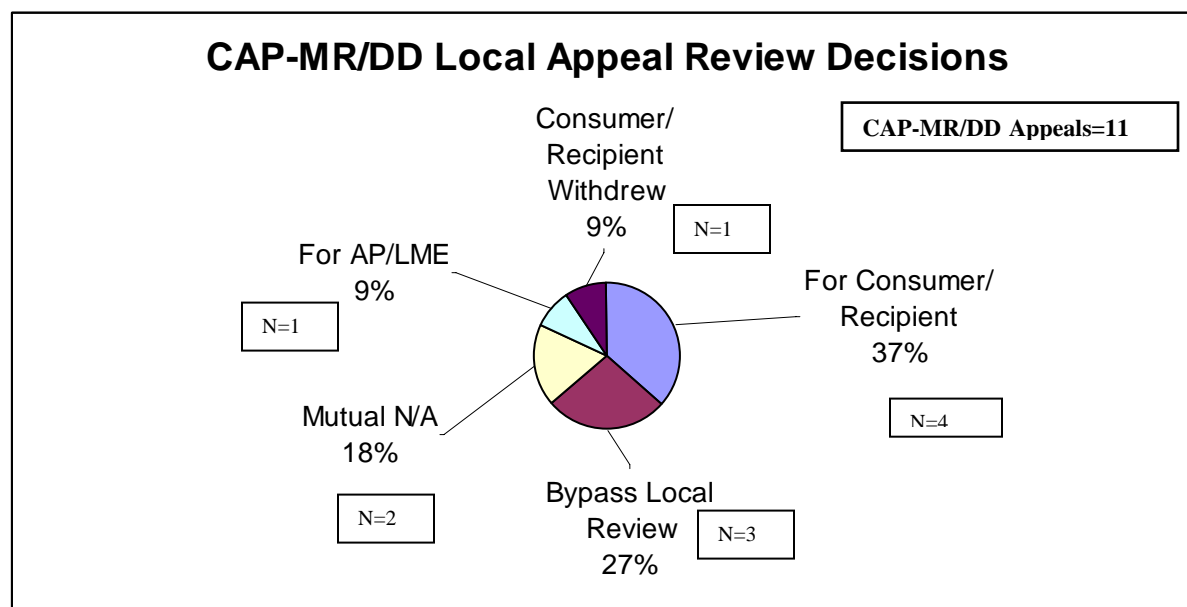


AP/LME Local Review Decisions: Table 23 and Figure 18 show the local AP/LME review decisions for all appeals from July to September 2005. Of the 88 appeals filed, local reviews overturned the original decision and ruled in favor of the consumer/appellant in 38 (44 percent) of the reported total and the AP/LME local reviews upheld the original decision in 25 (28 percent) of the reported total appeals. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in nine (10 percent) of the reported total. Five consumers (six percent) withdrew their appeals prior to the hearing. Eight consumers (nine percent) chose to by-pass the local review. Two appeals (two percent) were dismissed due to having been filed late and 1 appeal (one percent) is pending at the time of this report.

Table 24 – CAP-MR/DD Local AP/LME Review Decisions (July to September 2005)

AP/LME Decision on CAP-MR Appeals	Total	% of Total
For Consumer/Recipient	4	37%
Bypass Local Review	3	27%
Mutual N/A	2	18%
For AP/LME	1	9%
Consumer/Recipient Withdrew	1	9%
Total	11	100%

Figure 19 - CAP-MR/DD Local AP/LME Review Decisions (July to September 2005)



CAP/MR-DD Local Decisions: Table 24 and Figure 19 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. The AP/LME local reviews were in favor of the consumer/appellant in four cases (37 percent) and found a mutual compromise in two cases (18 percent) of the reported total. Three consumers (27 percent) chose to by-pass the local review. The AP/LME upheld the original decision in one case (nine percent) and in one case (nine percent) the consumer/recipient withdrew prior to the hearing.

DMH/DD/SAS Requested State Medicaid Appeal Hearings

Table 25- All DMH/DD/SAS Requested Hearings (July to September 2005)

DMH/DD/SAS Hearing	Total	% of Total
Consumer/Recipient Withdrew	76	86%
Pending	4	5%
Abandoned Hearing	4	5%
Filed Late	2	2%
For AP/LME (Upheld)	1	1%
For Consumer/Recipient	1	1%
Total	88	100%

Figure 20 - DMH/DD/SAS Scheduled Hearings (July to September 2005)

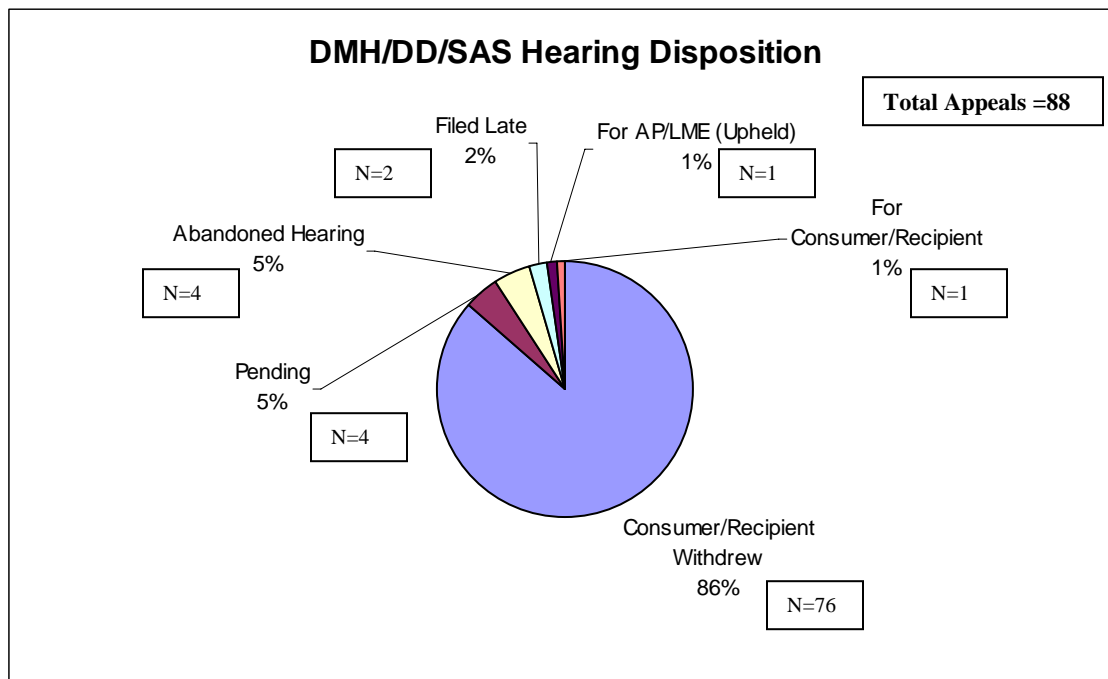


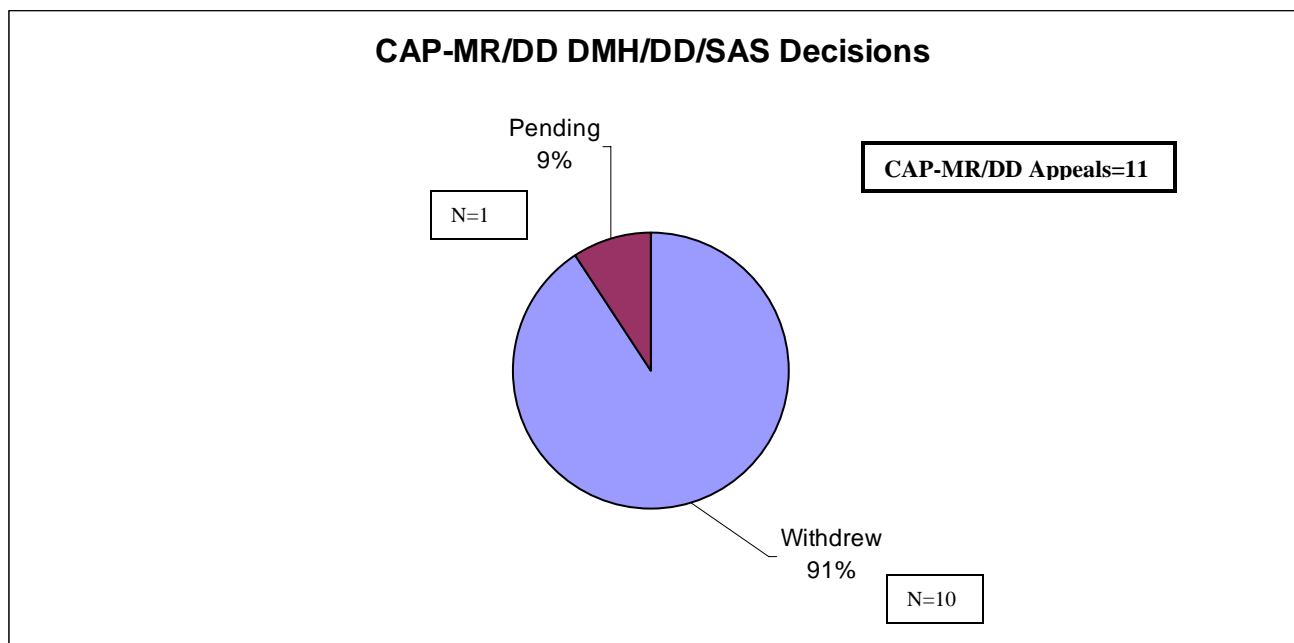
Table 25 and Figure 20 show information for the 88 appellants that requested a State hearing by the Division Affairs Team of the Operations Support Section of DMH/DD/SAS during this period. Seventy-six of the eighty eight (86 percent) hearing requests were withdrawn prior to the scheduled hearings largely because they were resolved locally. The DMH/DD/SAS hearing officers ruled in favor of the consumer/recipient and overturned the decision of the AP/LME in one of the two hearings held and the hearing officer upheld the AP/LME's local review decision

in one of the two hearings convened. Four of the consumers abandoned the appeal prior to the hearing, four hearings are pending at the time of this report and two appeals were filed late and could not proceed to a hearing.

Table 26 – CAP-MR/DD DMH/DD/SAS Hearing Decisions (July to September 2005)

DMH/DD/SAS Decision on CAP-MR/DD Appeals	Total	% of Total
Withdrew	10	91%
Pending	1	9%
Total	11	100%

Figure 21– CAP-MR/DD DMH/DD/SAS Hearing Decisions (July to September 2005)



CAP/MR-DD DMH/DD/SAS Decisions: Table 26 and Figure 21 show the sub-set of appeals by CAP-MR/DD Waiver recipients. No hearings were convened during this period. Ten of the DMH/DD/SAS hearing requests were withdrawn (91 percent) by the consumer/recipient or legally responsible person. Many of the withdrawn requests were addressed locally. One hearing (nine percent) is pending.

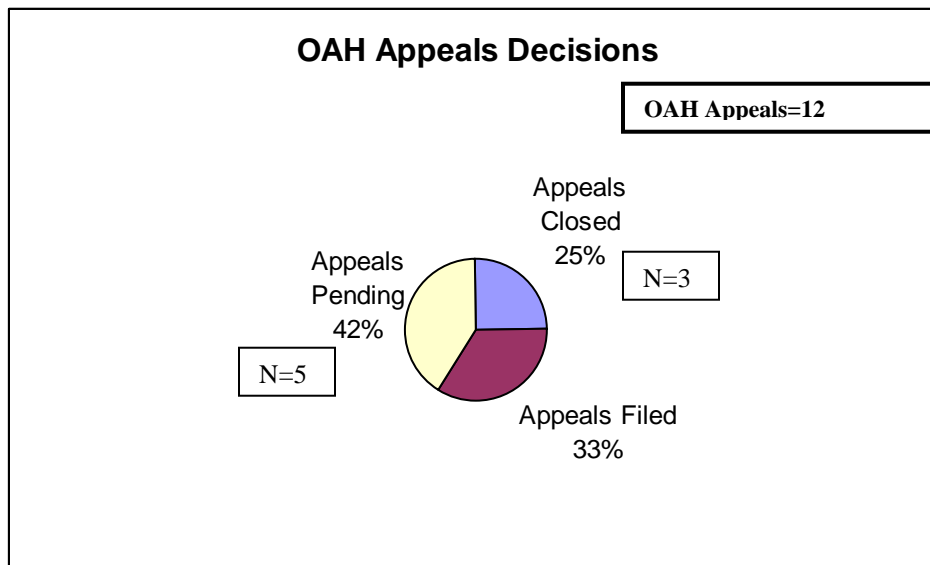
MEDICAID APPEALS FILED TO THE OFFICE OF ADMINISTRATIVE HEARINGS (OAH)

Appeals Filed: Medicaid recipients have the legal right to appeal directly to OAH and by-pass the DMH/DD/SAS appeal system or appeal to OAH at any time after they have appealed to DMH/DD/SAS. A total of twelve appeals were under review by the OAH during the July to September 2005 period. Four new Medicaid petitions were filed to OAH and three Medicaid appeals were closed during this period. One of the new cases and two of the closed cases involved CAP-MR/DD services. Five Medicaid Appeals are pending at this time and two of the five involved CAP-MR/DD services.

Table 27- Office of Administrative Hearings Status on Medicaid Appeals (July to September 2005)

Appeal Status	Number of Cases	% of Totals
Appeals Closed	3	25%
Appeals Filed	4	33%
Appeals Pending	5	42%
Total Appeals	12	100%

Figure 22- Office of Administrative Hearings Status on Medicaid Appeals (July to September 2005)



CUSTOMER SERVICE AND COMMUNITY RIGHTS TEAM

CURRENT DEVELOPMENTS

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team and the responses to cases are increasing significantly. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations are quickly initiated in collaboration with other investigation agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The majority of investigations were referred by consumers and involved multiple issues. As a result, the majority of cases require a very large amount of time and collaboration between many agencies.
- 3) The Quarterly Complaint Report has been developed collaboratively with LME representatives and the DMH/DD/SAS Quality Management Team. This report will provide comparison information on complaints across the State and will be used for quality improvement processes.
- 4) The training curriculum for AP/LME Customer Service and Consumer Rights offices has been revised based on comments from consumers, families and LME staff and is currently being formatted. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Rights office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Community Rights Team is available to work with APs/LME in providing technical assistance to Customer Service offices and Client Rights Committees regarding the Policy for Consumer Complaints to an Area/County Program or any other functions of the Customer Service and Consumer Rights offices.